



PTO/SB/21 (07-08)

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|---|------------------------|-------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 40733;847 10773617 |
| | Filing Date | February 6, 2004 |
| | First Named Inventor | Paul L. Hickman |
| | Art Unit | 3764 |
| | Examiner Name | G. Richman |
| | Attorney Docket Number | CYBRP001.US05 |
| Total Number of Pages in This Submission | | |

| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 1. Postcard |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | 2. RCE |
| | <input type="checkbox"/> Landscape Table on CD | 3. 1449 and references |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | 4. Check 1244 for fees |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | The Commissioner is authorized to charge any additional fees to Deposit Account 50-3539 | 5. 105 |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|------------------|----------|--------|
| Firm Name | TIPS Group | | |
| Signature | | | |
| Printed name | Paul L. Hickman | | |
| Date | October 06, 2006 | Reg. No. | 28,516 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-----------------|------|-----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Signature | | | |
| Typed or printed name | Paul L. Hickman | Date | October 6, 2006 |

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